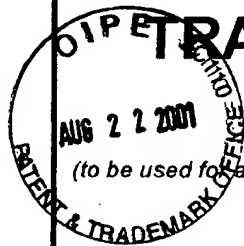


Please type a plus sign (+) inside this box. → **+**

Under the Paperwork Reduction Act of 1995, no persons or entities are required to respond to a collection of information unless it displays a valid OMB control number.

(M) PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
and Trademark Office: U.S. DEPARTMENT OF COMMERCE
used to respond to a collection of information unless it displays



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	09/760,010
Filing Date	January 10, 2001
Named Inventor	Steven H. Bass
Art Unit	1644
Examiner Name	Unassigned
Attorney Docket Number	02-100620US

ENCLOSURES

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Paper (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slips and Accompanying Documents (TO/SB/69)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Request for Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	receipt acknowledgment postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. _____ on this paper or during the pendency of this application, including any extensions of time for consideration of the documents.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine Reg. No. 41,261 The Law Offices of Jonathan Alan Quine
Signature	<i>Jonathan Alan Quine</i>
Date	August 20, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: August 20, 2001

Typed or printed name Deborah Berwick

Signature

Deborah Berwick

Date

August 20, 2001

RECEIVED

AUG 23 2001

BEST AVAILABLE COPY